## UNITED STATES DISTRICT COURT

for the

Eastern District of Virginia

Norfolk Division

Larry T. Ferguson	) Case No. 2:22cv231
Plaintiff(s) (Write the full name of each plaintiff who is filing this complaint.	) (to be filled in by the Clerk's Office) ) ) Jury Trial: (check one) ✓ Yes No
If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)  -v-	
Norfolk State University	
Defendant(s)  (Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)	) ) )

#### COMPLAINT FOR EMPLOYMENT DISCRIMINATION

#### I. The Parties to This Complaint

#### A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Larry T. Ferguson	
Street Address	4029 Belvedere Drive	
City and County	Chesapeake	
State and Zip Code	Virginia 23321	
Telephone Number	757-450-1872	
E-mail Address	ltf1@mail.com	

#### B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

### Pro Se 7 (Rev. 12/16) Complaint for Employment Discrimination Defendant No. 1 Name Norfolk State University Job or Title (if known) Street Address 700 Park Ave Norfolk City and County State and Zip Code Virginia (757) 823-8600 Telephone Number E-mail Address (if known) Defendant No. 2 Name Dr. Denelle Wallace Dean, School of Education Job or Title (if known) 700 Park Ave Street Address Norfolk City and County Virginia 23504 State and Zip Code (757) 823-8590 Telephone Number E-mail Address (if known) dlwallace@nsu.edu Defendant No. 3

Name	Dr. DoVeanna Fulton
Job or Title (if known)	Provost and Vice President for Academic Affairs
Street Address	700 Park Ave
City and County	Norfolk
State and Zip Code	Virginia
Telephone Number	(757) 823-8408
E-mail Address (if known)	dfulton@nsu.edu
efendant No. 4	
Name	
Name Job or Title (if known)	
Name	
Name Job or Title (if known)	
Name Job or Title (if known) Street Address	
Name Job or Title (if known) Street Address City and County	

Pro Se	Pro Se 7 (Rev. 12/16) Complaint for Employment Discrimination					
	C.	Place of	Employment			
		The add	ress at which I sought en	nployment or was employed by the defendant(s) is		
		]	Name	Norfolk State University		
		;	Street Address	700 Park Ave		
			City and County	Norfolk		
		;	State and Zip Code	Virginia 23504		
		•	Telephone Number	(757) 823-9095		
II.	Basis	s for Jurisd	liction			
	This	action is bro	ought for discrimination	in employment pursuant to (check all that apply):		
			Title VII of the Civil F	Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race,		
			color, gender, religion,	, national origin).		
			•	ng suit in federal district court under Title VII, you must first obtain a letter from the Equal Employment Opportunity Commission.)		
		$\checkmark$	Age Discrimination in	Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.		
			•	ng suit in federal district court under the Age Discrimination in must first file a charge with the Equal Employment Opportunity		
		$\checkmark$	Americans with Disab	ilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.		
			- ·	ng suit in federal district court under the Americans with Disabilities ain a Notice of Right to Sue letter from the Equal Employment ion.)		
			Other federal law (spec	ify the federal law);		
			Relevant state law (spec	cify, if known):		
			Relevant city or county	y law (specify, if known):		

		Compla			

#### III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

Attach 5

	ch 5	
A.	The discrimin	atory conduct of which I complain in this action includes (check all that apply):
		Failure to hire me.
		Termination of my employment.
		Failure to promote me.
	$\checkmark$	Failure to accommodate my disability.
		Unequal terms and conditions of my employment.
	$\checkmark$	Retaliation.
		Other acts (specify):
		(Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.)
В.	It is my best r	ecollection that the alleged discriminatory acts occurred on date(s)
	<del>-</del>	/conditions of employment and Retaliation:12/2020, ADA Disability: 4/2021
	Onequal terms	reconcilions of employment and Retailation. 12/2020, ADA Disability. 4/2021
	Onequal terms	/conditions of employment and Retaliation, 12/2020, ADA Disability, 4/2021
<b>C</b> .		defendant(s) (check one):
<b>C</b> .		
C.		defendant(s) (check one):
	I believe that	defendant(s) (check one):  is/are still committing these acts against me.  is/are not still committing these acts against me.
	I believe that	defendant(s) (check one):  is/are still committing these acts against me.  is/are not still committing these acts against me.  discriminated against me based on my (check all that apply and explain):
	I believe that	defendant(s) (check one):  is/are still committing these acts against me.  is/are not still committing these acts against me.  discriminated against me based on my (check all that apply and explain):  race
	I believe that	defendant(s) (check one):  is/are still committing these acts against me.  is/are not still committing these acts against me.  discriminated against me based on my (check all that apply and explain):  race  color
	I believe that	defendant(s) (check one):  is/are still committing these acts against me.  is/are not still committing these acts against me.  discriminated against me based on my (check all that apply and explain):  race  color  gender/sex
C.	I believe that	defendant(s) (check one):  is/are still committing these acts against me.  is/are not still committing these acts against me.  discriminated against me based on my (check all that apply and explain):  race  color  gender/sex  religion
	I believe that	defendant(s) (check one):  is/are still committing these acts against me.  is/are not still committing these acts against me.  discriminated against me based on my (check all that apply and explain):  race  color  gender/sex  religion  national origin
	I believe that	defendant(s) (check one):  is/are still committing these acts against me.  is/are not still committing these acts against me.  discriminated against me based on my (check all that apply and explain):  race  color  gender/sex  religion  national origin

Pro	Se 7 (	Rev.	12/16)	Com	plaint	for	Emp	oloy	ment	Dis	crimi	nation

I am a Disabled, Service Connected, Vietnam Era Veteran!
See Attach 1 Ferguson Charge of Discrimination: I supported a white female who was being excluded in the Department of Secondary Education in the School of Education. A black male and black female colleague made it difficult for her to perform her duties. The Dean suggested I retire because of my age. I said no. To force me into retirement, the Dean recommended I be removed as Department Chair (With Out Cause) 12/11/2020 (Christmas Break.)

See Attach 2 Ferguson + COD ADA: I was forced to work Summer and Fall 2020.

(Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)

#### IV. Exhaustion of Federal Administrative Remedies

A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on (date)

Charge Of Discrimination 437-2021-00360 2-1-2021 Charge Of Discrimination 437-2021-01190 8-2-2021

В.	The Equal Emp	ployment Opportunity Commission (check one):	
		has not issued a Notice of Right to Sue letter.	
	$\checkmark$	issued a Notice of Right to Sue letter, which I received on (date)	03/03/2022
		(Note: Attach a copy of the Notice of Right to Sue letter from the Opportunity Commission to this complaint.)	Equal Employment Attach 3 and 4

C. Only litigants alleging age discrimination must answer this question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct (check one):

/	
	60 days or more have elapsed.
	less than 60 days have elapsed

#### V. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

+

- 1. I am requesting \$300,000 in damages. Pain and suffering for working in a hostile environment for 3+ years. Pain and suffering from being removed as Department Chair 1 day before Christmas break. Pain and suffering for denial of teleworking for Summer and Fall 2021. I was afraid I would contract Covid 19 during Summer 2021. I was terrified to work Fall 2021 due to underlying conditions (Heart Attack and COPD).
- 2. I am requesting \$300,000 for retiring early. Retaliation is ongoing via work environment and responsibilities. Personal bias/lack of support for promotion to Professor. Adding additional responsibilities to my workload leads me to a place where I must retire for my health and well being. I wanted to work 3 more years.

#### VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

#### A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

	Date of signing: 05	5/30/2022
	Signature of Plaintiff Printed Name of Plaintiff	Larry T. Ferguson
В.	For Attorneys	
	Date of signing:	
	Signature of Attorney	
	Printed Name of Attorney	
	Bar Number	
	Name of Law Firm	
	Street Address	
	State and Zip Code	
	Telephone Number	
	E-mail Address	

# UNITED STATES DISTRICT COURT EASTERN DISTRICT OF VIRIGINIA Norfolk DIVISION

Larry T. Ferguson	
Plaintiff(s),	<del></del>
v.	Civil Action Number: 2:22cv23
Norfolk State University	CIVIT TOUGH TAMAGOT.
Defendant(s).	_
LOCAL RULI	E 83.1(M) CERTIFICATION
I declare under penalty of perjury that:	Pro Se 7 (Rev. 12/16) Complaint for
No attorney has prepared, or assisted in the	preparation of Employment Discrimination (Title of Document)
Larry T. Ferguson	(Title of Bocument)
Name of <i>Pro Se</i> Party (Print or Type)	
Signature of Pro Se Party	
Executed on: 6/1//2022 (Date)	
	OR
The following attorney(s) prepared or assiste	ed me in preparation of
	(Title of Document)
(Name of Attorney)	
(Address of Attorney)	
(Telephone Number of Attorney) Prepared, or assisted in the preparation of, this docu	ument
(Name of <i>Pro Se</i> Party (Print or Type)	
Signature of Pro Se Party	
Executed on:(Date)	